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R. HUNT

COVER LETTER

TO:

Registration Section

Division of Cor	porations			
Spevcial En	fects by Dan Harris "LLC"			
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Daniel J Harris			(53
		Name of Person	 .	23 63 7
	Spevcial Effects by Dan H	arris "LLC"	,	<u>ω</u> ,
		Firm/Company		-
	846 York Way		E SI	AM 8: 20
		Address	HE E	25
	Maitland, FL 32751			
	_	City/State and Zip Code		
	run4life5@yahoo.com			
	E-mail address: (to be used for future annual report not	ification)	
For further information of	oncerning this matter, please c	all:		
Daniel J Harris		716 807-6082		
Name o	f Person		e Telephone Number	_
Enclosed is a check for the	he following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing l Certificate of Certified Copy (additional copy	Status & y
Mailing Address Registration: Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro Tallahassee. FL	rporations Fallahassee e Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Spevcial Effects by Dan Harris "LLC"		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our rec nited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Comp	pany were filed on 10-17-2022	and assigned
Florida document number L22000445318		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Special Effects by Dan Harris LLC		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
Principal office address MUST BE A STREET ADDRESS	<u>S)</u>	
		Ç.
Inter new mailing address, if applicable:		in a way
Mailing address MAY BE A POST OFFICE BOX)	- 	22 - FIT
willing maress part of the bony		E C
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3. If amending the registered agent and/or registered off gent and/or the new registered office address here:	fice address on our records. <u>en</u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	dress
		Florida
 -	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be lote: If the date inserted in this block does not meet the a ocument's effective date on the Department of State's recommendate.	e prior to date applicable st	of filing or mo	re than 90 day	optional) safter filing. s. this date) Purs	uant to 6 not be li	605.0207 isted as
record specifies a delayed effective date, but not an effect list filed.	tive time, at	12:01 a.m. o	n the earlier	of: (b) Th	e 90t	h day af	fter the
ated January 27 2023	···································						
Dated January 27 2023 Signature of a member of			of a number				

Filing Fee: \$25.00